General

Guideline Title

Best evidence statement (BESt). The use of unlicensed assistive personnel in the ambulatory setting.

Bibliographic Source(s)

Cincinnati Children's Hospital Medical Center. Best evidence statement (BESt). The use of unlicensed assistive personnel in the ambulatory setting. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2011 Nov 11. 5 p. [7 references]

Guideline Status

This is the current release of the guideline.

Recommendations

Major Recommendations

The strength of the recommendation (strongly recommended, recommended, or no recommendation) and the quality of the evidence (1aâ€'5b) are defined at the end of the "Major Recommendations" field.

There is insufficient evidence and a lack of consensus to make a recommendation to support the use of any one best combination of unlicensed assistive personnel and licensed health care providers affecting clinic flow in the ambulatory care clinic setting.

Note: Evidence supports the implementation of a team approach in clinical settings with clearly defined roles for the professional and assistive staff (Dickson, Cramer, & Peckham, 2010 [4b]; O'Connor et al., 2010 [4b]; Bodenheimer, 2007 [4b]; Aita et al., 2001 [4b]; Schim, Thornburg, & Kravutske, 2001 [4b]).

Definitions:

Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain

Quality Level	Definition
5a or 5b	General review, expert opinion, case report, consensus report, or guideline
5	Local consensus

†a = good quality study; b = lesser quality study

Note: See the original guideline document for further information about the dimensions used to judge the strength of the evidence.

Table of Recommendation Strength

Strength	Definition
It is strongly recommended that… It is strongly recommended that… not…	There is consensus that benefits clearly outweigh risks and burdens (or vice versa for negative recommendations).
It is recommended that… It is recommended that… not…	There is consensus that benefits are closely balanced with risks and burdens.
There is insufficient evidence and a lack of consensus to make a recommendation…	
Dimensions: In determining the strength of a recommendation, the development group makes a considered judgment in a consensus process that incorporates critically appraised evidence, clinical experience, and other dimensions as listed below.	
1. Grade of the body of evidence 2. Safety/harm 3. Health benefit to the patients (direct benefit) 4. Burden to patient of adherence to recommendation (cost, hassle, discomfort, pain, motivation, ability to adhere, time) 5. Cost-effectiveness to healthcare system (balance of cost/savings of resources, staff time, and supplies based on published studies or onsite analysis) 6. Directness (the extent to which the body of evidence directly answers the clinical question [population/problem, intervention, comparison, outcome]) 7. Impact on morbidity/mortality or quality of life	

Clinical Algorithm(s)

None provided

Scope

Disease/Condition(s)

Conditions requiring the services of an ambulatory care clinic

Guideline Category

Management

Rehabilitation

Clinical Specialty

Family Practice

Internal Medicine

Pediatrics

Intended Users

Advanced Practice Nurses

Health Care Providers

Nurses

Other

Physician Assistants

Physicians

Guideline Objective(s)

To evaluate, in ambulatory care clinics, if the use of unlicensed assistive personnel in addition to licensed health care providers versus licensed health care providers only improves clinic flow

Target Population

Patients needing the services of any Ambulatory Care Clinic, including specialty and primary care

Interventions and Practices Considered

1. Use of licensed healthcare personnel in ambulatory care
2. Use of unlicensed assistive personnel to assist licensed healthcare personnel in ambulatory care
3. Team building

Major Outcomes Considered

- Patient reception wait time per clinic visit
- Patient wait time to see the provider
- Overall patient time in clinic
- Patient satisfaction
- Patient safety

Methodology

Methods Used to Collect/Select the Evidence

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

Keywords: Certified Medical Assistant, Medical Assistants, Unlicensed Assistive Personnel, ambulatory care and safety in ambulatory care

Databases: CINAHL, PubMed, Cochrane, Database of Systematic Reviews, Nursing Reference Library and Google Scholar

Limits and Filters: English, all articles published prior to 2000 were excluded

Date Range: 2000-2011, last literature search was May 15, 2011

Number of Source Documents

Not stated

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
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Note: See the original guideline document for further information about the dimensions used to judge the strength of the evidence.

Methods Used to Analyze the Evidence

Systematic Review

Description of the Methods Used to Analyze the Evidence

Not stated

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

Not stated

Rating Scheme for the Strength of the Recommendations

Table of Recommendation Strength

Strength	Definition
It is strongly recommended that… It is strongly recommended that… not…	There is consensus that benefits clearly outweigh risks and burdens (or vice versa for negative recommendations).
It is recommended that… It is recommended that… not…	There is consensus that benefits are closely balanced with risks and burdens.
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Dimensions: In determining the strength of a recommendation, the development group makes a considered judgment in a consensus process that incorporates critically appraised evidence, clinical experience, and other dimensions as listed below.	
1. Grade of the body of evidence 2. Safety/harm 3. Health benefit to the patients (direct benefit) 4. Burden to patient of adherence to recommendation (cost, hassle, discomfort, pain, motivation, ability to adhere, time) 5. Cost-effectiveness to healthcare system (balance of cost/savings of resources, staff time, and supplies based on published studies or onsite analysis) 6. Directness (the extent to which the body of evidence directly answers the clinical question [population/problem, intervention, comparison, outcome]) 7. Impact on morbidity/mortality or quality of life	

Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

Method of Guideline Validation

Peer Review

Description of Method of Guideline Validation

This Best Evidence Statement has been reviewed against quality criteria by 2 independent reviewers from the Cincinnati Children's Hospital Medical Center (CCHMC) Evidence Collaboration.

Evidence Supporting the Recommendations

References Supporting the Recommendations

Aita V, Dodendorf DM, Lebsack JA, Tallia AF, Crabtree BF. Patient care staffing patterns and roles in community-based family practices. J Fam Pract. 2001 Oct;50(10):889. PubMed

Bodenheimer T. Building teams in primary care: lessons learned. Oakland (CA): California Health Care Foundation; 2007 Jul. 15 p.

Dickson KL, Cramer AM, Peckham CM. Nursing workload measurement in ambulatory care. Nurs Econ. 2010 Jan-Feb;28(1):37-43. PubMed

O'Connor ME, Spinks C, Mestas TA, Sabel AL, Melinkovich P. "Dyading" in the pediatric clinic improves access to care. Clin Pediatr (Phila). 2010 Jul;49(7):664-70. PubMed

Schim SM, Thornburg P, Kravutske ME. Time, task, and talents in ambulatory care nursing. J Nurs Adm. 2001 Jun;31(6):311-5. PubMed

Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

Descriptive studies and expert opinion indicate that a "team" approach to efficient office/clinic practices and high quality patient care is the most effective strategy to achieve timely patient flow.

Potential Harms

Not stated

Qualifying Statements

Qualifying Statements

This Best Evidence Statement addresses only key points of care for the target population; it is not intended to be a comprehensive practice guideline. These recommendations result from review of literature and practices current at the time of their formulation. This Best Evidence Statement does not preclude using care modalities proven efficacious in studies published subsequent to the current revision of this document. This document is not intended to impose standards of care preventing selective variances from the recommendations to meet the specific and unique requirements of individual patients. Adherence to this Statement is voluntary. The clinician in light of the individual circumstances presented by the patient must make the ultimate judgment regarding the priority of any specific procedure.

Implementation of the Guideline

Description of Implementation Strategy

An implementation strategy was not provided.

Implementation Tools

Audit Criteria/Indicators

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Getting Better

IOM Domain

Effectiveness

Identifying Information and Availability

Bibliographic Source(s)

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Adaptation

Not applicable: The guideline was not adapted from another source.

Date Released

2011 Nov 11

Guideline Developer(s)

Cincinnati Children's Hospital Medical Center - Hospital/Medical Center

Source(s) of Funding

Cincinnati Children's Hospital Medical Center

Guideline Committee

Not stated

Composition of Group That Authored the Guideline

Group/Team Leader: Diane M. Lemen, RNII, CPN, Division of Outpatient Departments, Liberty Specialty Clinics

Support Personnel: Mary Ellen Meier, MS, RN, CPN Evidence-Based Practice Mentor, Center for Professional Excellence/Research and Evidence-Based Practice

Ad Hoc Advisors: Kandice Ferdon, Clinical Director, RN, MSN

Financial Disclosures/Conflicts of Interest

Conflicts of interest were declared for each team member and no financial conflicts of interest were found.

Guideline Status

This is the current release of the guideline.

Guideline Availability

Electronic copies: Available from the Cincinnati Children's Hospital Medical Center Web site .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at EBDMInfo@cchmc.org.

Availability of Companion Documents

The following are available:

- Judging the strength of a recommendation. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2008 Jan. 1 p. Available from the Cincinnati Children's Hospital Medical Center Web site .
- Grading a body of evidence to answer a clinical question. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 1 p. Available from the Cincinnati Children's Hospital Medical Center Web site .
- Table of evidence levels. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2008 Feb 29. 1 p. Available from the Cincinnati Children's Hospital Medical Center Web site .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at EBDMInfo@cchmc.org.

In addition, suggested process or outcome measures are available in the original guideline document .

Patient Resources

None available

NGC Status

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